

## FOREWORD

## Health Literacy: A National Priority

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The Society of General Internal Medicine deserves special commendation for dedicating this special issue of *JGIM* to health literacy. The rapid advance of medical discovery has far out paced our efforts in patient education. Indeed, health literacy is now one of the central challenges we all face in American health care. This special issue showcases emerging public health, epidemiology, and health services research that will further advance the cause of this prevalent public health crisis.

The poor state of health literacy in America is a crisis. It is an underlying cause of disparities. It is also a source of extensive disempowerment and perpetuates preventable disease. I agree with the Institute of Medicine (IOM), who concluded that health literacy and self-management are some of the most important cross-cutting opportunities to improve health in the United States.<sup>1</sup> I applaud the IOM for laying out a template for research and action in its report *Health Literacy: Prescription to End Confusion*.<sup>2</sup> The NIH has developed an inter-institute program to fund research on health literacy and I look forward to the results of this effort.<sup>3</sup>

I have made improving the health literacy of all Americans one of the central priorities of my public health career. More than 90 million Americans cannot adequately understand basic health information. This is an obstacle that affects people of all ages, races, income, and education levels. In addition, low health literacy is a problem that is intricately related with other central priorities of my work as the Surgeon General, namely health disparities and prevention. Eliminating health disparities and advancing effective primary and secondary prevention are predicated on increasing health literacy.


As a child in Harlem, I witnessed the consequences of low health literacy. Many people in my neighborhood did not understand the importance of primary prevention through healthy eating, exercise, and preventive medical and dental care. Without addressing health literacy, we will not be able to respond adequately to such health concerns as obesity, diabetes, heart disease, and cancer.

As a health care provider, I have also witnessed the consequences of low health literacy. In Vietnam, I once gave a Montagnard child antibiotics to treat impetigo. I told the parents to give 1 pill 4 times a day for 7 days and that I would return to see how the child was doing a week later. Upon returning, I discovered my failure to communicate the treatment plan with the family. Instead of orally taking the medication, they had made a necklace from the 28 Pen VK tablets. This dramatic case of miscommunication has helped me understand how common it is for patients to misunderstand health care providers. It is very difficult for clinicians to communicate

successfully, but our mission will be marginalized if we do not improve on our efforts to teach our patients critical self-care skills and confirm that they comprehend the plan.

Patients with low health literacy are highly vulnerable to such miscommunication. In fact, all medical encounters should be thought of as cross-cultural interactions. We need to reach beyond the walls of our iatroculture and drop the medical jargon. We can communicate in plain simple terms and take the time to confirm comprehension.

Through research and advocacy, we can break down the barriers caused by low health literacy for these 90 million Americans who currently lack the understanding needed to benefit from the unparalleled advances we have witnessed in the medical world. At the department of Health and Human Services (HHS) we have made this a priority. *Healthy People 2010* aims to improve the health literacy of those with inadequate or marginal literacy skills.<sup>4,5</sup> At HHS we have convened a Health Literacy Workgroup for strategic planning and coordination. In fact, several of the agencies within HHS (e.g., HRSA, IHS, AHRQ, and FDA) also have their own health literacy workgroups. These workgroups will help provide the tools necessary to understand the evidence on health literacy,<sup>6</sup> watch the literature grow,<sup>7</sup> and improve health care for all Americans.



## REFERENCES

1. Adams K, Corrigan JM. Priority Areas for National Action: Transforming Health Care Quality. Committee on Identifying Priority Areas for Quality Improvement; Board on Health Care Services. Washington, DC: The National Academies Press; 2003.
2. Nielsen-Bohlman L, Panzer AM, Kindig DA. The Committee on Health Literacy, Board of Neuroscience and Behavioral Health, Institute of Medicine. *Health Literacy: A Prescription to End Confusion*. Washington, DC: The National Academies Press; 2004.
3. Understanding and Promoting Health Literacy (R01). Available at: <http://grants.nih.gov/grants/guide/pa-files/PAR-04-116.html>. Accessed May 9, 2006.
4. National Institutes of Health. U.S. Department of Health and Human Services. Improving Health Literacy. Available at: <http://www.nih.gov/icd/od/ocpl/resources/improvinghealthliteracy.htm>. Accessed May 9, 2006.
5. U.S. Department of Health and Human Services. *Healthy People 2010*, with Understanding and Improving Health and Objectives for Improving Health. Washington, DC: U.S. Government. Available at: [www.healthypeople.gov](http://www.healthypeople.gov). Accessed May 9, 2006.
6. Berkman ND, DeWalt DA, Pignone MP, et al. Literacy and health outcomes. Evidence report/technology assessment No. 87 (prepared by RTI International-University of North Carolina evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication No. 04-E007-2. Rockville, MD: Agency for Healthcare Research and Quality, January 2004. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/literacy/literacy.pdf>. Accessed May 9, 2006.
7. Zorn M, Allen MP, Horowitz AM. Current bibliographies in medicine 2004-1: Understanding health literacy and its barriers. Available at: <http://www.nlm.nih.gov/pubs/cbm/healthliteracybarriers.html>. Accessed May 9, 2006.